

**CLAIMS ONLY**

Application Number

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total						
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Total						
Depend						
Total						
Claims						

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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